



Source Code \_\_\_\_\_

**DELAWARE TRANSIT CORPORATION****APPLICATION FOR EMPLOYMENT**

*The Delaware Transit Corporation is an equal opportunity employer and service provider. We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, disability, political opinion or affiliation. We are an Equal Opportunity Employer.*

*PLEASE PRINT CLEARLY*

Date of Application _____		Social Sec. No. _____	
Name: _____ (Last)		_____ (First) _____ (MI)	
Mr. Mrs. Ms.			
Full Address _____	Street _____	Apt. No. _____	
City _____	State _____	Zip Code _____	County New Castle Kent Sussex
Telephone: _____		May we call you at work? _____	
Home (     ) _____		Work (     ) _____	

**POSITION APPLIED FOR**How did you hear about this employment opportunity? ☐ Newspaper ☐ Radio ☐ Job Fair ☐ Website ☐ Friend ☐ Other

CHECK THE TYPE(S) OF EMPLOYMENT YOU WILL ACCEPT:

Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Shift Work \_\_\_\_\_ Temporary \_\_\_\_\_

Circle County(s) in which you will accept work:

NEW CASTLE                      KENT                      SUSSEX

HAVE YOU EVER FILED AN APPLICATION WITH US BEFORE? ☐ YES ☐ NO IF YES, GIVE DATE \_\_\_\_\_HAVE YOU EVER FILED AN APPLICATION WITH US BEFORE  
UNDER A DIFFERENT NAME? ☐ YES ☐ NO IF YES, GIVE DATE \_\_\_\_\_HAVE YOU EVER BEEN EMPLOYED WITH US BEFORE? ☐ YES ☐ NO IF YES, GIVE DATE \_\_\_\_\_ARE YOU CURRENTLY EMPLOYED? ☐ YES ☐ NOMAY WE CONTACT YOUR PRESENT EMPLOYER? ☐ YES ☐ NOMAY WE CONTACT YOUR PAST EMPLOYER? ☐ YES ☐ NO

WHEN WOULD YOU BE AVAILABLE FOR WORK? \_\_\_\_\_

ARE YOU CURRENTLY ON "LAY-OFF" STATUS AND SUBJECT TO RECALL? ☐ YES ☐ NO

AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION					
	NAME AND LOCATION	TOTAL CREDITS EARNED	DIPLOMA OR DEGREE RECEIVED	MAJOR SUBJECT	MINOR SUBJECT
HIGH SCHOOL/ GED					
COLLEGE OR UNIVERSITY					
GRAD SCHOOL (TRANSCRIPTS MAY BE REQUIRED)					
OTHER					
PROFESSIONAL MEMBERSHIPS					

SPECIAL SKILLS
<p>LIST ANY EQUIPMENT WITH WHICH YOU ARE PROFICIENT AND OTHER SKILLS WHICH YOU POSSESS THAT ARE RELATED TO THE POSITION FOR WHICH YOU ARE APPLYING. FOR EXAMPLE: SKILLS WITH MACHINES, COMPUTERS/ SOFTWARE LANGUAGES:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

DO YOU HAVE A VALID CDL LICENSE? ☐ YES ☐ NO

CDL PERMIT? ☐ YES ☐ NO CLASS: \_\_\_\_\_

LIST CURRENT ENDORSEMENTS \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

<p>PLEASE LIST YOUR EMPLOYMENT HISTORY FOR THE LAST 10 YEARS IF YOU NEED MORE SPACE, PLEASE USE A SEPARATE SHEET OF PAPER.</p>
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Start with your present or last job, include any job related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disability or another protected status.

EMPLOYER			FROM (MONTH/DAY/YEAR)		TO (MONTH/DAY/YEAR)	
TELEPHONE NUMBER ( )		STARTING SALARY	ENDING SALARY	BEGINNING TITLE	ENDING TITLE	
SUPERVISOR			REASON FOR LEAVING			
<p>_____</p> <p>_____</p> <p>WORK PERFORMED</p> <p>_____</p> <p>_____</p> <p>_____</p>						

EMPLOYER			FROM (MONTH/DAY/YEAR)		TO (MONTH/DAY/YEAR)	
TELEPHONE NUMBER (    )	STARTING SALARY	ENDING SALARY	BEGINNING TITLE		ENDING TITLE	
SUPERVISOR		REASON FOR LEAVING				
WORK PERFORMED						

EMPLOYER			FROM (MONTH/DAY/YEAR)		TO (MONTH/DAY/YEAR)	
TELEPHONE NUMBER (    )	STARTING SALARY	ENDING SALARY	BEGINNING TITLE		ENDING TITLE	
SUPERVISOR		REASON FOR LEAVING				
WORK PERFORMED						

EMPLOYER			FROM (MONTH/DAY/YEAR)		TO (MONTH/DAY/YEAR)	
TELEPHONE NUMBER (    )	STARTING SALARY	ENDING SALARY	BEGINNING TITLE		ENDING TITLE	
SUPERVISOR		REASON FOR LEAVING				
WORK PERFORMED						

## APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I understand that any false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the employer.

I understand that if an offer of employment is made after completing the full application process, I may be required to pass a physical and drug and alcohol screen provided at the company's expense, by the company's designated physician, in accordance with Federal and State laws. In connection with my application for employment (including contract for services) I understand that investigative background inquiries may be made including criminal, driving and other reports. These reports will include information as to my character, work habits, performance and experience, along with reasons for termination of past employment from previous employers. Further, I understand that information from various federal, state and other agencies which maintain records relating to my driving, criminal, civil and other experiences may be required. If this information is required, I will be requested to sign a release authorizing the investigation. If I am applying for a position requiring a CDL, I will be required to authorize release of my driving record, alcohol and drug testing results from previous employers, and provide my valid CDL license or CDL permit to be photocopied.

I understand that this application shall be considered active for a period of not more than one year. I acknowledge that unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause.

The entire application must be completed for consideration.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

900 PUBLIC SAFETY BOULEVARD  
DOVER, DE 19901

400 S. MADISON STREET  
WILMINGTON, DE 19801

**Employment Hotline**

New Castle County (302) 577-3278 Option 6  
Kent and Sussex Counties (302) 739-3278 Option 8

Delaware Transit Corporation  
900 Public Safety Blvd. 400 S. Madison Street  
Dover, Delaware 19901 Wilmington, Delaware 19801

A **Commercial Driver's License (CDL)** is required for all bus operator and maintenance positions.

CDL Class A with Passenger & Air Brake Endorsements

OR

CDL ClassB with Passenger & Air Brake Endorsement are required for the following positions:

Fixed Route Operator  
Paratransit Specialist  
Mechanic  
Mechanic Helper  
General Service  
Bus Cleaner  
Auto Technician  
Service Technician

**Applicants for these positions who do not possess a valid CDL or CDL permit will not be considered for employment.**

Attachment #1 DTC Job Application

**Delaware Transit Corporation  
Equal Employment Opportunity Information**

The Equal Employment Office of the Federal Transit Administration (FTA) has asked all transit agencies to gather information on job applicants. You can assist DTC's efforts to comply with this request by completing this form.

**COMPLETION OF THIS FORM IS  
VOLUNTARY AND IN NO WAY AFFECTS  
YOUR EMPLOYMENT APPLICATION.****A. Ethnic Origin**

☐ White ☐ Black ☐ Hispanic ☐ Asian

☐ American Indian ☐ Other

**B. Vietnam Veteran** ☐ Yes ☐ No

**C. Gender** ☐ Male ☐ Female

**D. Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_

**E. Position applied for** ☐ Bus Operator ☐ Other  
Specify \_\_\_\_\_

**F. Application Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**G. I chose not to give this information.** ☐

**Delaware Transit Corporation  
Employment Questionnaire**

Please indicate below how you learned about job opportunities at Delaware Transit Corporation.

Participation and completion of this form is completely voluntary and in no way affects your application for employment.

Please check the appropriate box below and fill in the information if requested.

**DO NOT WRITE YOUR NAME ON THIS FORM**

☐ Newspaper Ad (please specify)\_\_\_\_\_

☐ Radio Ad (please specify)\_\_\_\_\_

☐ DART Website

☐ DART Job Hotline

☐ DART Employee

☐ Friend

☐ Other (please explain)\_\_\_\_\_